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The economic approach to diabetes among older adults

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The projected increase in the costs associated with the management of people with diabetes for the next decades due to the ageing of the population and the higher costs per capita among older adults constitute a new challenge for the Health Systems (**chapter 1**).

Excluding treatment modality, diabetes duration and year of onset cohorts from the analyses of healthcare costs in people with diabetes these factors could lead to biased estimates, as these factors are the main drivers of higher expenditures (**chapter 2**).

The effect of diabetes on institutionalization is mediated by clinical and functional complications, being the effect of functional status on nursing home admission risk age dependent (**chapter 3**).

Total average nursing home costs due to diabetes reached \$12.66 per capita and per year over all countries, representing the several degrees of functional impairment 78% of the costs attributed to complications (**chapter 3**).

Diabetes is associated with productive activities in older adults, both paid (increasing the risk of being afraid health limits work) and non-paid (reducing the probability of being engaged into volunteering) (**chapter 4**).

The results suggest that there might be an effect of uncertain economic situations on both subjective (fear of health limiting work) and objective (volunteering participation) productivity measures (**chapter 4**).

When the population with and without diabetes are compared, frailty bears the greatest and more negative impact on quality of life in both subsamples. However, the effect of frailty status is more negative among older individuals with diabetes (**chapter 5**).

“Age isn't how old you are but how old you feel.”

Gabriel García Márquez, Memories of My Melancholy Whores